

Abstract 365

TITLE: Minnesota Pharmacy Syringe/Needle Access Initiative (SAI) Evaluation

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ISSUE: There is overwhelming evidence that syringe access programs reduce HIV-related risk factors among injecting drug users and can be implemented without harmful social repercussions. Given the limited political and financial support for needle exchange programs, ensuring pharmacy sales of needles/syringes becomes particularly important.

SETTING: Community-based retail pharmacies across Minnesota serving injecting drug using clients.

PROJECT: Minnesota Pharmacy Syringe/Needle Access Initiative (SAI)-Evaluation. State legislation was enacted July 1, 1998 that provided for voluntary pharmacy sales of syringes/needles in quantities of 10 or fewer without a medical prescription for an accompanying drug. To assess whether there will be an increase in the number of syringes sold for the purposes of administering unprescribed drugs, a stratified random sample of pharmacies participating and not participating in SAI are being surveyed each month over a 12 month period. To assess whether IDUs purchase syringes/needles at pharmacies and have reduced needle-sharing behaviors, a pre-and post-legislation cross-section of IDUs is being interviewed at street locations, methadone clinics, prison, and counseling & testing sites.

RESULTS: Approximately 18% (161) of the Minnesota community-based retail pharmacies agreed to participate in the prospective surveillance of monthly syringe sales. Sampling was stratified by geographic region and participation in SAI. Monthly data collection began August 1998 with a 76% participation rate. Trained interviewers conducted pre-legislation in person interviews with 377 IDUs between 3/1/1998-6/30/1998. Preliminary data findings reveal that >90% of IDUs interviewed were recruited from street sites; 29% of IDUs shared syringes/needles and 24% purchased syringes/needles at pharmacies. Post-legislation interviews of IDUs occur 3/1/1999 - 6/30/1999.

LESSONS LEARNED: While initial recruitment of pharmacy evaluation participants was high, several factors explain discontinued participation: 1) high work load of pharmacists; 2) feasibility of using handwritten logs of syringe sales when computer records unavailable; 3) longevity of evaluation activities; 4) inability to track specific syringe information sought using pharmacies' data base. Pharmacies were over sampled to compensate for potential retention issues. Promotional incentives, such as peas, hats, etc. were provided. IDU interviews have been very successful in part due to interviewers' ability to locate and recruit IDUs. Trained interviewers were either ex-IDUs themselves and/or provided HIV prevention services to IDUs. Food and bus vouchers were provided.

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